



DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

PHONE: 605-773-3495

FAX: 605-773-5246

WEB: dss.sd.gov

**NOTIFICATION OF RISK ASSESSMENT/CASE MANAGEMENT REFUSAL
FOR TITLE XIX ELIGIBLE RECIPIENTS**

To Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, South Dakota 57501-2291

From Community Health Nurse (CHN) _____
County

Re _____
Recipient Name

Title XIX Number

Date of Birth _____

This is to notify you that the above South Dakota Medical Assistance recipient

_____ Has been assessed and determined to be at risk, but has refused case management services.

Date of Assessment _____

_____ Has not contacted the CHN office to have a risk assessment completed.

CHN Name

Date

CHN E-mail Address: _____

COMMENTS _____
